



PATENT APPLICATION DECLARATION COMBINED WITH POWER OF ATTORNEY

Attorney's Docket No.: CE08636R

\boxtimes	Regular (Utility)		De	esign Application			
As a below named inventor, I hereby declare that:							
My residence, post office address and citizenship are as stated below next to my name.							
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:							
A METHOD AND APPARATUS FOR REDUCTION OF DISTORTION IN A TRANSMITTER							
the specification of wh	ich:	3					
is attached he	ereto	was filed on: as U.S. Serial N and was amend	10::	9/838,640			
		una was amond		(if applicable)			
I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.							
I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with 37 CFR § 1.56(a).							
I hereby claim foreign priority benefits under 35 U.S.C. § 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United states of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed:							
Prior Foreign Application(s):							
no such application(s) filed such application(s) identified as follows:							
Application Number	Country	i i	f Filing nth, year)	Priority Claimed			
				Yes No			
				Yes No			

I hereby claim the benefit under 35 U.S.C. §119(e) of any United States provisional application(s) listed below:								
Provisional Application Serial No.:								
Provisional Application Filing Date:								
I hereby claim the priority benefit under 35 USC §120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 USC 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.								
Prior U.S. Application(s):								
no such application(s) filed								
such application(s) identified as follows:								
U.S. Parent Application No. Filing Date Status (day, month, year) (Patented, Pending, Abandoned)								
AS A NAMED INVENTOR, I HEREBY APPOINT THE FOLLOWING REGISTERED ATTORNEY(S) OR AGENT(S) TO PROSECUTE THIS APPLICATION AND TO TRANSACT ALL BUSINESS IN THE PATENT AND TRADEMARK OFFICE CONNECTED THEREWITH: CUSTOMER NUMBER 22917								

Send correspondence to Customer Number 22917

Address all telephone calls to: STEVEN A. MAY at (847) 576-3635 Fax (847) 576-3750 I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 USC and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of first-named or sole inventor EDWARD VINCENT LOUIS								
Inventor's signature	Elue V L	en .	Date	2-20-01				
Residence ST.	CHARLES		L					
(City		State or Fo	oreign Country				
Citizenship <u>USA</u>								
	Country			•				
Post Office Address 7N793 NORTHERN DANCER LANE								
Street Address								
ST. CHARL	ES	IL		60175				
City		ate or Country	-	Zip Code				
Full name of second-named joint inventor MICHAEL DAVID LEFFEL								
Inventor's signature	See Attach	<u>ıd</u>	Date					
Residence CR	YSTAL LAKE		IL					
	City		State or Fo	oreign Country				
Citizenship USA								
	Country							
Post Office Address 1601 AUTUMNCREST DRIVE								
	S	treet Address						
CRYSTAL I	AKE	IL		60014				
City	Sta	ate or Country		Zip Code				

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 USC and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of first-named of sole inventor EDWARD VINCENT LOUIS								
Inventor's signature	Elue V	Lew	Date	7-20-01				
Residence ST.	CHARLES		IL	,				
	City		State or For	eign Country				
Citizenship USA								
-	Country							
Post Office Address 7N793 NORTHERN DANCER LANE								
Street Address								
ST. CHARL	ES	IL		60175				
City		State or Country		Zip Code				
	·- ······							
Full name of second-named joint inventor MICHAEL DAVID LEFFEL								
Inventor's signature	Michael	David Life	<u></u> Date	8/2/2001				
Residence CR	YSTAL LAKE	, ,	IL					
	City		State or Fore	eign Country				
Citizenship USA								
1	Country							
Post Office Address 1601 AUTUMNCREST DRIVE								
		Street Address						
CRYSTAL L	AKE	IL		60014				
City		State or Country		Zip Code				